

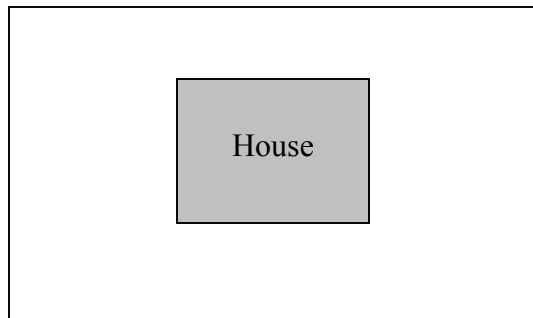
Tree Inspection Request

Address _____ Date _____

Resident's Name _____ Phone #'s _____

Circle One: **Private Property** **Village Street/Park Tree** _____

Concern(s) _____



Street

Call taker to indicate location of tree(s) using "plat" and Number designation itemized below.

#1 _____



#2 _____

#3 _____

(Please list no more than three trees per page)

*****To be completed by arborist*****

Tree #1: Type and Diameter _____

Assessment: _____

Tree #2: Type and Diameter _____

Assessment: _____

Tree #3: Type and Diameter _____

Assessment: _____

If removal requested. – Approved	Denied	Permit Required?	Y	N
Tree #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tree #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tree #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____